

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

17042 721

FILING DATE

04/13/02

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	Canceled					
6		1		1		
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50						
TOTAL IND.	4	1	4	1		
TOTAL DER.	4		6			
TOTAL CLAIMS	8		10			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		1				
52		1				
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99						
100						
TOTAL IND.		1		1		
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY